ISSN 2278 - 5361

NJ NARAYANA NURSING JOURNAL

Volume 5, Issue 5 DECEMBER - 2014

NARAYANA NURSING INSTITUTIONS

"HARDWORK DISCIPLINE SERVICE TRIUMPH"

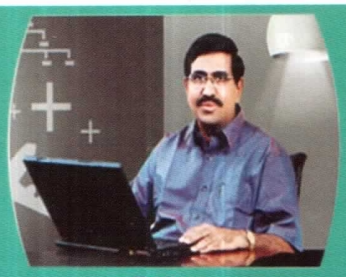
LOVE FOR CARE

The Global Theme of World AIDS Day to Stop The Spreading of AIDS Worldwide by 2015

Getting To Zero

NARAYANA NURSING JOURNAL

Chinthareddypalem, Nellore - 524 002. a.p. india.
Ph : 0861 - 2317969, 2310046, 2317963 Ext. 2528
Fax : 0861 - 2311968
e-mail : narayana_nursing@yahoo.co.in
website : http://www.narayananursinginstitutions.com



Patron
Dr. P. Narayana, Ph.D
Founder
Narayana Educational Society
Special Advisory Board
Director
Narayana Medical Institutions
Nellore.

Dr. Vijayakumar, M.D., Dch.,
Co-ordinator
Narayana Medical Institutions
Nellore.

Editor Inchief
Dr. Indira. S, Ph.D

Editorial Advisory Board
Sr. Florence,
St. Anns College of Nursing,
Vijayawada.

Ms. Kaliamma,
Vinayaka Mission University, Salem.

Dr. Esther Sirra, Ph.D
Mother Vannani Con, Tadapallikudam.

Editorial Secretary
M. Radhika M.Sc (N)

Treasurer
P. Mogileeswari, M.Sc (N)

Layout, Design & Pagemake up.
T. Swami Doss

Editors Message...

Greeting!

Happy New Year 2015.

Nursing education has expanded considerably post independence in India. University education in nursing brought about changes in nursing education. The type of nurses required today are those with "all round personality". Eduation brings changes in behavior of the individual in a desirable manner. It aims at social efficience and spiritual advancement.

The evolution of nursing during this time involved a deliberated and concerted effort to distance it from its working -class roots. Beginning with Florence Nightingale's influential and well-published reforms, nursing was remade as a respectable occupation, suitable for 'ladies'. Nursing become a dimension of the mid-nineteenth century trend that middle-class and elite women followed to participate in public life through philanthropic, charitable and religious projects.

Independent India inherited a nursing system that was already in place, thought there were many areas where state initiatives were indeed crucial. Post-independent governments in India focused on developments in the fields of medicine and medical technology, and made efforts to fight the prevalence of disease like malaria, tuberculosis, plague, leprosy, smallpox, typhoid, cholera and so on.

Among the meager resources allotted to the nursing sector within the health services, nursing education and public health nursing received the maximum attention. Public health nurses and health visitors have been used in many ways to reach out to people in an effort to create awareness on health issues. The neglect of nursing by the states in India did much to reinforce the low status of the profession.

The failure to fund adequately to school and nursing accommodation, and a willingness to allow the recruitment of untrained or semi-trained nurses reinforced the widespread feeling that nursing was dirty and dangerous work.

Nursing leader's claims to professional status were not recognized in terms of public esteem, and neither were they given recognition through the provision of a fair salary or decent working conditions. Let us believe that this year will bring recognition and high salary for Indian nurses in all health care system.

Indira. S

Indira. S, Ph.D.,
Nursing Principal

CONTENT

01. Neuman system model — Mrs. Dr. Indira.S

02. Rational emotive behaviour therapy — Ms. Rajeswari.H

03. Maternal role attainment theory — Mrs. Radhika anantha krishna

04. Effectiveness of structured teaching programme on knowledge of acute respiratory infection of mothers of under five children. — Merlin Shiba

05. A comparative study to assess the effectiveness of honey application verses betadine dressing on wound healing among patients with ulcers in selected Hospital at Nellore. — Mrs. A. Latha

06. Shaken baby syndrome — Ms. K. Ramya

07. Ebola virus disease — Ms. B.B.P.Jyothi

08. A study to assess the effectiveness of art therapy on aggressive behavior among patient with mania admitted in psychiatric ward, Selected Hospital In Nellore. — Ms. B. Adilakshmi

09. Effectiveness of Self Instructional Module (SIM) on knowledge regarding Heart- Healthy diet (HHD) among High School Teachers in selected High Schools. — Ms. Tamilkodi

10. A study to assess the knowledge and practice regarding fluid and electrolyte replacement therapy for patient with burns among working nurses in Selected Hospital, Nellore. — Mrs. R. Kanakalakshmi

11. Effectiveness of structured teaching programme on knowledge on prevention and management of health problems among elderly women. — Mrs. C. Jegatha

12. Effectiveness of knowledge of selected water borne diseases among school children. — Ms. V. Yasodha

13. Benefits of holy basil(tulsi) leafs — Ms. P. Mary Vineela

14. A study to assess the effectiveness of WALC on schizophrenia spectrum disorders among elderly in Selected Hospital, Nellore. — Ms. S. Sumiya

A study to assess the knowledge and practice regarding fluid and electrolyte replacement therapy for patient with burns among working nurses in Selected Hospital, Nellore.

Mrs.R.Kanakalakshmi
Msc (N)
Medical Surgical Nursing
Narayana College of Nuersing,
Nellore.

INTRODUCTION:

The skin is the body's largest sensory organ, covering the body in addition to serving as a protective shield against heat, light, injury and infection the skin also regulates body temperature.It stores water and prevents the entry of bacteria which also act as a sensory organ.

Circulating blood volume decreases dramatically during burn shock. In addition evaporative fluid loss through the burn wound may reach 3 to 5 liters or more over 24 hour period until the burn surface are recovered. During burn shock, serum sodium levels vary in response to fluid resuscitation hyponatremia is common during the first week of the acute phase, as water shifts from the interstitial to the vascular space immediately after burn injury, hyperkalemia (excessive potassium) results from massive cell destruction. Hypokalemia (potassium depletion) may occur later with fluid shift and inadequate potassium replacement at the time of injury some red blood cells may be destroyed leading to anaemia despite due to plasma loss blood loss during surgical procedure and ongoing hemolysis further contribute to anaemia blood transfusions are required periodically to maintain adequate hemoglobin levels for oxygen delivery abnormalities in coagulation including decreased platelets, prolonged clotting and prothrombin times also occur with burn injury. (ABRNS, 2004)

Many studies have showed that in extensive burns the fluid requirements are actually far higher than those arrived as by most formula. Thus opposing the earlier practice of limiting volumes of fluid administered to the amount needed as for a 50% burn.

STATEMENT OF PROBLEM

A study to assess the knowledge and practice regarding fluid and electrolyte replacement therapy for patients with burns among nurses in NMCH, Nellore.

OBJECTIVES:

- To assess the knowledge regarding the fluid and electrolyte replacement therapy for patients with burns among nurses.
- To identify the practice regarding fluid and electrolyte replacement therapy for patients with burns among nurses.
- To correlate knowledge and practice regarding fluid and electrolyte replacement therapy for patients with burns among nurses.
- To associate knowledge and practice regarding fluid and electrolyte replacement therapy for patients with burns among nurses and demographic variables.

ASSUMPTIONS:

- Nurses may have some knowledge regarding fluid and electrolyte replacement therapy for burns patients.
- Knowledge may have an impact on practice of nurses regarding fluid and electrolyte replacement therapy for burns patients.

METHODOLOGY

Research Approach: Quantitative research approach

Research Design: Descriptive design.

Setting: Narayana Medical College Hospital at Nellore, Andhra pradesh.

Population: Staff nurses.

Sample: Staff nurses working in NMCH.

Sample Size: Sample size of the study was 100 nurses.

Sampling Technique: Non probability convenience sampling technique.

SAMPLING CRITERIA:

Inclusion Criteria :

➢ Both male and female nurses.

Exclusion Criteria :

➢ Nurses who are on a leave.

DESCRIPTION OF TOOLS :

These development and description of tool is divided into 2 parts.

Part - A : Demographic Variables.

Part - B : Deals with the questionnaire

Part - C : Deals with the observational check list.

Part - A :

The demographic variables data include the age, sex, education, experience, religion, area of work, designation etc.

Part - B :

Questionnaire which consists of 40 questions to assess the knowledge regarding the fluid and electrolyte replacement therapy for burn cases among working nurses in Narayana Medical College Hospital, Nellore.

Part - C :

Check list which consists of 20 items to assess the practice regarding fluid and electrolyte replacement therapy for burns cases among working nurses in Narayana Medical College Hospital, Nellore.

Results:

Table - 1

Frequency and percentage distribution of knowledge regarding fluid and electrolyte replacement therapy for patient with burns among nurses.

Sl.No.	Knowledge	f	p
1.	Adequate knowledge	15	15%
2.	Moderately adequate knowledge	62	62%
3.	Inadequate knowledge	23	23%

Table No 1: shows that level of knowledge regarding fluid and electrolyte replacement therapy for patients with burns. Among 100 samples, 15(15%) had adequate knowledge, 62(62%) had moderately adequate knowledge and 23(23%) had inadequate knowledge.

Table – 2

Frequency and percentage distribution of practice regarding fluid and electrolyte replacement therapy for patients with burns among nurses.

Sl.No.	Practice	f	p
1.	Safe practice	37	37%
2.	Moderately safe practice	42	42%
3.	Unsafe practice	21	21%

Table No 2: shows that practice regarding fluid and electrolyte replacement therapy for patients with burns among working nurses. It shows 37(37%) followed safe practice 42(42%) had moderately safe practice and 21(21%) had unsafe practice.

Table – 3

Correlation between the knowledge and practice regarding fluid and electrolyte replacement therapy for patients with burns among nurses.

Sl.		Mean	Median	Mode	Standard deviation	Correlation
1.	Knowledge	17.76	22	20	6.47	
2.	Practice	12.85	17	13	4.30	+0.47

Table No 3: Shows the correlation coefficient between level of knowledge and practice regarding fluid and electrolyte replacement therapy. It shows that 'r'= + 0.47 which indicates a positive correlation, so the sample who are having knowledge regarding fluid and electrolyte replacement therapy able to safely administer for the burns patients.

MAJOR FINDINGS OF THE STUDY

• Regarding level of knowledge regarding fluid and electrolyte replacement therapy, among nurses 15(15%) had adequate knowledge, 62(62%) had moderately adequate knowledge and 23(23%) had inadequate knowledge.

• Regarding practice regarding fluid and electrolyte replacement therapy among nurses showed that 37(37%) followed safe practice, 42(42%) had moderately safe practice and 21(21%) had unsafe practice.

• With regard to the correlation coefficient between level of knowledge and practice, it shows that 'r' = + 0.47 which indicate a positive correlation. So adequate knowledge enhance safe administration of fluid.

• The association between knowledge regarding fluid and electrolyte replacement therapy for burns cases with selected socio demographic variables shows that there is significant association between level of knowledge regarding fluid and electrolyte replacement therapy for patient with burns with age, religion, marital status, education, year of experience designation and area of work.

• In association between practice regarding fluid and electrolyte replacement therapy for patient with burns with selected socio demographic variables among working nurses, there is significant association with age, religion, year of experience and designation.

RECOMMENDATIONS

On the basis of the findings of the study the following recommendations have been made.

• A similar study can be replicated on large sample size in different settings, with indifferent population as a longitudinal study.

• A similar study can be done by experimental and control group.

CONCLUSION

The study concludes that knowledge enhances this safe practice regarding fluid replacement among nurses.

BIBLIOGRAPHY

1. Brunner and Siddarth's (1999) "Text book of medical and surgical nursing", 9th edition, published by Lippincott, Page no.1509-1511

2. Lewis (2009) "Text book of medical and surgical nursing", 11th edition, published by evolve, Page no. 488-491.

3. Ramkrishnan (1990)"Text book of Burn's management", 1st edition published by Jaypee publication, Page no.45-51.

4. Longhipps, Cassmayer (1993) "Text book of medical and surgical nursing", 2nd edition, published by Mosby, Page no.1511=1512.

5. B.T. Basavanthappa (2006) "Text book of medical and surgical nursing", 2nd edition published by Jaypee brothers, Page no.1183-1184

6. Joyce M. Black & Jane Hokason Hawks (2005) "Text book of medical and surgical nursing", 7th edition, published by Elsevier, Page no.2496-2498

7. Barbera K. Timby and Nancy & Smith (2003) "Text book of introduction of medical and surgical nursing", 8th edition, published by Lippincott, Page no.1154-1159

8. Phipps, Monahan (2007) "Text book of medical and surgical nursing", 8th edition, published by Mosby & Elsevier, Page no.1924-1925.

9. Anita Collins (2008-2009) "Text book of medical and surgical nursing", 1st edition, published by Fornit.ins, Page no.178-185.

10. Linton (2009) "Text book of medical and surgical nursing", 7th edition, published by Evolve and Elsevier, Page no.1149-1150.